



Opening Doors:

Ensuring LGBTIQ-inclusive family,
domestic and sexual violence services

Introduction

This guide presents findings and implications for policy and practice emerging from a national research project investigating family, domestic and sexual violence (FDSV) service accessibility and safety for lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) people in Australia.

Opening Doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services ran from 2020 to 2022, and was conducted by the Australian Research Centre in Sex, Health and Society, La Trobe University. It was a multi-phase mixed method study that included exploring the experiences and insights from LGBTQ victim-survivors as well as practitioners providing LGBTIQ community-controlled services, LGBTIQ-inclusive FDSV services, and FDSV services working towards more LGBTIQ-inclusive practice. The full report is available for download [here](#).

LGBTIQ people experiencing FDSV should be able to choose from and readily access a range of services that provide expert support in ways that respect and affirm their lives, bodies, identities and relationships.

This guide aims to draw out key insights from the project in informing policy and practice to improve LGBTIQ-inclusive FDSV services nationally.

Family, domestic and sexual violence experienced by LGBTIQ communities

- LGBTIQ communities experience violence within their intimate relationships at rates similar to (and sometimes higher than) rates for cisgender and heterosexual relationships.
- LGBTIQ people can experience violence within their 'family of origin' (biological or adoptive family) that is uniquely related to disclosure of their identities or their experiences as a person with an intersex variation.
- Trans and gender diverse people report experiencing particularly high levels of sexual violence.
- Broader experiences of stigma, discrimination, abuse and violence are common for LGBTIQ people.

- Experiences of violence can impact mental health, and LGBTIQ communities already have significantly poorer mental health outcomes than the general population.

For further reading, see: [Pride in Prevention](#), [Private Lives 3](#), the [Victorian Population Health Survey](#) and the [Trans and Gender Diverse Sexual Health Survey](#).

- Australia is facing a shortage of services skilled in working with LGBTIQ communities. Service pathways for trans and gender diverse people and gay, bisexual and queer men are particularly poor.
- No significant national investment has been made to improve service delivery for LGBTIQ communities – either as funding for LGBTIQ community-controlled and specialist services, or for improving inclusion within the FDSV sector.
- Critical service gaps exist across the country; for example, there is a lack of inclusive refuge services for LGBTIQ people of all genders.

What causes these problems?

- The key drivers of violence are rigid gender norms, heteronormativity and cisnormativity – that is, social norms that suggest there is something wrong with LGBTIQ bodies, identities and relationships.
- The resulting inequality and invalidation not only drive violence, but also limit recognition and effective community and service responses to this violence.
- Gendered experiences of inequality and sexist cultures of violence also exert influence on LGBTIQ intimate relationships. However, much remains to be understood about these dynamics and how they influence perpetration.

For further reading, see: [Pride in Prevention](#), [Change the Story](#)

This guide has been prepared by Rainbow Health Australia and the Australian Research Centre in Sex, Health and Society.

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Opening Doors is a research project that explored how to improve family, domestic and sexual violence (FDSV) service accessibility and safety for lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) people in Australia. In addition to this guide for practitioners, the [project website](#) also contains links to:

- The **research report**, detailing key findings from interviews with people with lived experience of family violence, as well as discussions with service providers
- A series of **case studies of promising practice**, which aim to draw out key insights from the project in informing policy and practice to improve LGBTIQ-inclusive FDSV services nationally

What did we find out?

While a number of studies have examined barriers to service access for LGBTIQ communities, this project generated new knowledge and insights into the experiences of LGBTQ victim-survivors.

Intimate partner violence

Lived experience participants in the research commonly described the following experiences and ideas that limited their ability to name and recognise what happened to them as violence:

- Participants felt that framing intimate partner violence as primarily men's violence against women in heterosexual relationships meant their experiences didn't 'count' or matter.
- Many participants described understanding violence as physical, rather than also encompassing emotional abuse and coercive control.
- Participants talked about wanting to avoid being seen, or seeing themselves as, 'victims', because of shame and stigma associated with being viewed as or feeling 'weak'.
- Some described 'protecting' perpetrators from exposure, or the wider LGBTIQ community from further stigma, as motivations for downplaying their experiences.
- Many participants talked about how perpetrators used homophobia and transphobia to belittle and control them, or socially isolate them.

Participants also commonly described the following experiences in interacting with services:

- Participants talked about how perpetrators had used fear of discrimination by service providers to control and frighten them, and prevent them from recognising or reporting violence.
- Many held the perception that services are not for LGBTIQ victim-survivors, and described experiences of not feeling accepted or affirmed when accessing services.
- Many participants reported fears of perpetrator misidentification (i.e. assumptions about seemingly more 'masculine' partners being seen as the perpetrator), and participants described how this was used by some perpetrators to prevent victim-survivors reporting violence or seeking support.
- Participants reported experiences where service providers had minimised violence perpetrated by men against men, or violence perpetrated by women.
- Many participants talked having to actively 'educate' service providers that were supposed to be helping them.

Family of origin violence

- Participants reported feeling that there were widespread understandings in the community that rejection and other bad reactions to LGBTIQ people within families are 'normal'.
- Many participants experienced co-occurring mental health issues, and several described how these were used by other family members to focus on them as the problem and excuse abusive behaviour.
- No participants who described experiencing family of origin violence reported receiving effective services specific to these experiences.

Sexual violence

- Participants described finding it difficult to identify sexual violence in their intimate partner relationships while it was happening, compared to historic accounts of sexual violence in their family of origin or perpetrated by strangers.
- Many reported a lack of clarity around consent within dates and hook-ups, where there can be breaches of conditional consent. They explained that they did not fully understand this themselves at the time of specific incidents, and they anticipated that service providers would also be unlikely to understand it.
- Participants also described feeling that there was a lack of understanding among service providers about polyamorous or open relationships, and how consent and trust are negotiated or potentially breached by perpetrators.

These insights from the project are important in informing services delivered for LGBTIQ communities – both in supporting individual and community recognition of violence, and addressing the need to improve experiences of help-seeking and engaging with services in future.

What can we do about it?

The project also included interviews with practitioners in LGBTIQ community-controlled services, and those providing LGBTIQ-inclusive FDSV services. Additionally, it undertook six case studies of promising practice nationally, across a diversity of geographic areas and service types. Insights from these suggest the following as key actions to improve LGBTIQ-inclusive service delivery nationally.

Public positions

Practitioner participants suggested that a critical aspect of developing LGBTIQ-inclusive service delivery are the policy and funding frameworks in place at both national and state levels.

This suggests that services and peak bodies should work with LGBTIQ communities to advocate for:

- Greater visibility of and investment in plans and frameworks in all jurisdictions across Australia
- Increased resourcing of FDSV services nationally, to avoid competition for funding between groups in significant need
- A national plan for LGBTIQ-focussed research to address critical evidence gaps
- Revision of data standards to ensure consistent, high-quality data collection that captures LGBTIQ people and their experiences
- System-wide capacity-building delivered by specialists in LGBTIQ-inclusive family, domestic and sexual violence serviceA national primary prevention framework for LGBTIQ communities, for guiding programs and campaigns to address the drivers of FDSV, and support alignment with the primary prevention of violence against women.

Sector-wide reform

Practitioner participants also talked about the difficulties of making changes in isolation, and the need for coordination and sharing to ensure consistent and high-quality LGBTIQ-inclusive services. This suggests the need for sector-wide approaches that:

- Establish or strengthen intake across the system, and referral pathways between LGBTIQ-expert/specialist services and other providers
- Support the revision of practice frameworks to take account of the specific needs of LGBTIQ people, and reflect the diverse forms of violence that can impact LGBTIQ people, particularly family of origin violence
- Recognise the ongoing importance of LGBTIQ community-led responses and community trust in the success of any interventions, and resource the participation of a diverse range of representatives from these communities in consultation and review processes
- Consider the legislative and service frameworks that govern interactions with other service systems, including child protection, welfare, justice, youth and family services

Organisational change

The six case studies examined in the project allowed us to identify key themes that help to build LGBTIQ-inclusive practice in organisations and support safer service encounters for LGBTIQ victim-survivors. These were:

1. Whole-of-organisation support for inclusive practice
2. Building and honouring LGBTIQ community trust
3. Adaptability and responsiveness to LGBTIQ community need
4. Building strong cross-sector and interagency networks
5. Establishing cultures of reflective practice to support LGBTIQ capacity development
6. Managing community resistance and client safety

These themes align closely with the Rainbow Tick Standards – a world-leading accreditation program and framework for change towards LGBTIQ inclusion.

For more detail, and to read the case studies, Opening Doors publications can be found [here](#)

What does this mean in practice?

The findings of the project suggest the need to focus on three key areas of practice within FDSV services to improve LGBTIQ inclusion.

Community consultation and engagement

Consultation and involvement of LGBTIQ communities in service planning and delivery is vital to ensure that services can meet their needs. Services must also clearly communicate to LGBTIQ communities that they are ready and able to provide inclusive services and demonstrate in practice that this trust is justified. This includes:

- Clear public statements in favour of LGBTIQ inclusion, along with consistent and transparent client eligibility criteria. (In line with equal opportunity legislation, services must clarify which clients can access their services. Those that do not provide services to men or non-binary people have a duty of care to ensure risk is assessed and clients are actively supported to access another service.)
- Consultation with LGBTIQ service users and local community groups to build trust and invite input, including LGBTIQ-specific feedback and complaints processes.
- Revised descriptions of FDSV in public materials to acknowledge this violence also affects LGBTIQ communities, presented alongside content that provides positive representation of LGBTIQ people, relationships and families.
- Support for and sharing of resources created by LGBTIQ organisations to help LGBTIQ people identify violence and access services. This includes resources such as sayitoutloud.org.au and safealways.org.

Training for staff

The project findings suggest that staff at all FDSV services should be provided with training that considers key issues specific to LGBTIQ communities, including:

- The meaning of the term 'LGBTIQ', and common experiences of bodies, identities and relationships that are part of this umbrella term
- Differences in the ways LGBTIQ people may approach dating, relationships and families
- The impact of stigma, discrimination and violence on LGBTIQ health and wellbeing, and on the ability to safely access services
- The prevalence of LGBTIQ FDSV, and contemporary understandings of patterns and dynamics
- Specific forms of family and sexual violence experienced by LGBTIQ communities, including family of origin violence
- Mental health and suicide as co-occurring risk factors that need to inform risk assessment and planning
- Ideas and concerns that may prevent LGBTIQ people from identifying their experiences as violence and accessing support

- Specific barriers that can delay LGBTIQ people in accessing services, or stop their access altogether
- The role of LGBTIQ community-controlled and specialist services in providing trusted care and secondary consultation for LGBTIQ-inclusive mainstream services
- Case studies that demonstrate how to apply the principles of LGBTIQ cultural safety in FDSV services

For information about Rainbow Health Australia training programs, see: <https://rainbowhealthaustralia.org.au/training-programs/lgbti-inclusive-practice-for-family-violence-services-training>

Reflective practice and clinical governance

In deepening understandings of practice specific to LGBTIQ communities, the project suggests that regular reflective practice and supervision be informed by considering how:

- Rigid gender norms and gender inequality drive violence for both women and LGBTIQ people
- Personal, organisational and practice assumptions about LGBTIQ people, their bodies, identities and relationships impact on client care
- Overlapping experiences of stigma and discrimination can be acknowledged, in order to provide holistic and person-centred care for LGBTIQ people

In addition, the risk of perpetrator misidentification should be actively addressed as part of clinical governance, and regularly reviewed in line with emerging best practice. This includes:

- Risk assessment tools
- Professional development
- Group reflective practice
- Case conferences
- Clinical supervision
- Team care arrangements
- Alignment with information sharing legislation, where applicable



Summary and conclusion

Opening Doors has contributed significant new knowledge on two key issues: experiences of FDSV among LGBTIQ people, and resources and barriers at work in providing high-quality support for people reporting these experiences. No single project could answer every question or provide definitive guidance to meet the needs of all groups that make up the rich and diverse LGBTIQ population.

However, the insights and implications contained in this guide provide valuable guidance for further steps towards a future where all LGBTIQ people experiencing FDSV are able to choose from and readily access a range of LGBTIQ-inclusive services that respect and affirm their lives, bodies, identities and relationships.